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|  FS-6500-24 (XX/202X) OMB No. 0596-0082**U.S. DEPARTMENT OF AGRICULTURE****FOREST SERVICE****FINANCIAL STATEMENT****AUTHORITY:****36 CFR 251.54(e)(5)(iv) and FSH 6509.18****INSTRUCTIONS:** Provide your most recent fiscal year financial statement. The Forest Service may also request two additional years of financial data on a case by case basis. If more space is needed to fully answer any item below, attach additional sheets. Complete and accurate information must be provided as required in this form. Anyone who knowingly or willfully makes any false statement or representation on this form is subject to a fine, imprisonment, or both under 18 U.S.C. 1001(a). |
| 1. NAME OF CORPORATION, LIMITED LIABILITY COMPANY (LLC), PARTNERSHIP, OR PROPRIETORSHIP (include any names the organization/firm operated under during past three years and specify the year operated for each name):
 |
| 1. STATE OF INCORPORATION

       | 1. DATE OF INCORPORATION

      | 1. ADDRESS OF PRINCIPAL PLACE OF BUSINESS
 |
| 5. FOR PARTNERSHIPS, NAMES OR PARTNERS AND THEIR PARTNERSHIP INTERESTS:       |
| 6. NAME, TITLE, AND ADDRESS OF CORPORATE OFFICERS AND DIRECTORS AND NUMBER OF SHARES OF STOCK OWNED BY EACH |
| FULL NAME | TITLE | ADDRESS, TELEPHONE NUMBERS, AND E-MAIL ADDRESS | SHARES OWNED |
|       |       |       |       |
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| 1. REFERENCES (at least three, preferably from banks):
 |
| Full Name | ADDRESS, TELEPHONE NUMBERS, AND E-MAIL ADDRESS |
|       |       |
|       |       |
|       |       |
| **You may submit certified financial statements in lieu of completing PARTS A through C below. However, you must complete either the certification statement in PART D.1 or PART D.2 at the bottom of the last page.** |

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| **PART A. BALANCE SHEET** | **CURRENT YEAR****(MM/DD/YYYY)** | **PREVIOUS YEAR****(MM/DD/YYYY)** | **YEAR BEFORE****PREVIOUS YEAR****(MM/DD/YYYY)** |
| **YEAR ENDED** |       |       |       |
| **ASSETS** |  |  |  |
| **CURRENT ASSETS** |       |       |       |
|  CASH |       |       |       |
|  |       |       |       |
|  RECEIVABLES |       |       |       |
|  LESS ALLOWANCES FOR DOUBTFUL ACCOUNTS | (     ) | () | () |
|  |       |       |       |
|  INVENTORIES (LIST MAJOR CATEGORIES) |            |       |       |
|  |            |       |       |
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|  |       |       |       |
|   SUPPLIES AND MISCELLANEOUS ITEMS |            |            |            |
|  MARKETABLE SECURITIES |            |            |       |
|  |  |  |  |
|  PREPAID EXPENSES |  |  |  |
|  SUPPLIES INVENTORY |  |  |  |
|  |  |  |  |
|  OTHER CURRENT ASSETS |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |       |  |       |
| **TOTAL CURRENT ASSETS** |       |       |  |
| **FIXED ASSETS** |  |       |  |
|  LAND |  |       |  |
|  BUILDINGS |  |       |  |
|  MACHINERY AND EQUIPMENT |  |       |  |
|  PLANT |  |       |  |
|  LEASEHOLD IMPROVEMENTS |  |       |  |
|  OTHER |  |       |  |
|  |  |       |       |
|  LESS ALLOWANCE FOR DEPRECIATION | (     ) | () | (     ) |
|  BOOK VALUE OF FIXED ASSETS |       |       |  |
| **OTHER ASSETS** |       |       |  |
|  CASH DEPOSITS |       |       |  |
|  SECURITIES |       |       |  |
|  |       |       |  |
| **TOTAL OTHER ASSETS** |       |       |  |
| **TOTAL ASSETS** |       |       |  |
|  |
| **LIABLIITIES AND OWNER EQUITY** | **CURRENT YEAR****(MM/DD/YYYY)** | **PREVIOUS****YEAR****(MM/DD/YYYY)** | **YEAR BEFORE PREVIOUS YEAR****(MM/DD/YYYY)** |
| **CURRENT LIABILITIES** |       |  |  |
|  ACCOUNTS PAYABLE |       |  |  |
|  ACCRUED PAYROLL |       |  |  |
|  ACCRUED PAYROLL TAXES AND INSURANCE |       |  |  |
|  NOTES PAYABLE |       |  |       |
|  CURRENT INCOME TAXES |       |  |  |
|  OTHER TAXES |       |  |       |
|  CURRENT PORTION OF LONG-TERM DEBT |       |  |       |
|  OTHER CURRENT LIABILITIES (SPECIFY) |       |  |       |
|  |       |  |  |
|  |       |  |       |
|  |       |  |  |
| **TOTAL CURRENT LIABILITIES** |       |       |       |
| **OTHER LIABILITIES** |  |  |  |
|  DEFERRED INCOME TAXES |       |       |       |
|   LOANS FROM OFFICERS OR PARTNERS |       |  |       |
|  LONG-TERM DEBT LESS CURRENT PORTION OF LONG-TERM DEBT |       |  |       |
|   |       |  |       |
|  |       |  |       |
|  |       |  |       |
| **TOTAL OTHER LIABILITIES** |       |  |       |
|  |  |  |  |
| **TOTAL LIABILITIES** |       |       |       |
| **OWNER EQUITY** |       |       |       |
|  CAPITAL STOCK OUTSTANDING |       |       |       |
|  RETAINED EARNINGS (DEFICIT) |       |       |       |
|  |       |       |       |
|  PARTNERS' INVESTMENT (DEFICIT) |       |       |       |
|  |       |       |       |
|  |       |       |       |
| **TOTAL OWNER EQUITY** |       |       |       |
|  |       |       |       |
| **TOTAL LIABILITIES AND OWNER EQUITY** |       |       |       |
| **PART B. SUPPLEMENTAL DATA**  |
|  THE INCOME STATEMENT IN PART C IS CASH BASIS       ACCRUAL BASIS      . |
|  INVENTORIES ARE LIFO      , FIFO      , COST, OR MARKET, WHICHEVER IS LOWER . |
| NAME, ADDRESS, TELEPHONE NUMBERS, AND E-MAIL ADDRESS OF CONTRACTORS OR SUBCONTRACTORS USED TO PREPARE THE INCOME STATEMENT IN PART C (IF ANY):       |
| **PART C. INCOME STATEMENT** | **CURRENT YEAR****(MM/DD/YYYY)** | **PREVIOUS YEAR****(MM/DD/YYYY)** | **YEAR****BEFORE****PREVIOUS****YEAR****(MM/DD/YYYY)** |
| **GROSS SALES** |  |  |  |
|  LESS RETURNS AND ALLOWANCES | (     ) | (     ) | (     ) |
| **NET SALES** |  |  |  |
|  LESS COST OF GOODS SOLD | (     ) | (     ) | (     ) |
| **GROSS PROFIT ON SALES** |  |  |  |
|  LESS SELLING EXPENSE | (     ) | (     ) | (     ) |
| **NET PROFIT (LOSS) ON SALES** |       |       |       |
| **GENERAL EXPENSE** |  |  |  |
|  OFFICERS SALERIES |       |       |       |
|  LEGAL AND OTHER PROFESSIONAL EXPENSE |       |       |       |
|  OFFICE EXPENSE |       |       |       |
|  TOTAL GENERAL EXPENSE |       |       |       |
| **NET OPERATING PROFIT (LOSS)** |  |  |  |
|  PLUS OTHER INCOME |  |  |  |
|  LESS INTEREST EXPENSE |  |  |  |
|  INCOME TAXES | (     ) | (     ) | (     ) |
|  OTHER EXPENSES | (     ) | (     ) | (     )  |
| **NET AMOUNT OF OTHER INCOME AND EXPENSES** | (     ) | (     ) | (     ) |
| **NET PROFIT (LOSS) FOR YEAR:**  |

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| PART D.1. CERTIFICATION FOR CORPORATIONS, LLCs, AND PARTNERSHIPS**We, the undersigned, general officers (or members) of** **[name of corporation, LLC, or partnership], swear that the above or attached financial statements are true and correct and cover all of the financial affairs of [name of corporation, LLC, or partnership] up to and including [date].** |
| CERTIFYING OFFICIAL'S NAME AND TITLE | SIGNATURE (Sign in ink) | DATE |
| CERTIFYING OFFICIAL'S NAME AND TITLE | SIGNATURE (Sign in ink) | DATE |
| SUBSCRIBED AND SWORN TO before me this       day of      , [year]. | (Affix Notary Seal) |
| SIGNATURE | TITLE |
| **PART D.2. CERTIFICATION FOR INDIVIDUALS****I swear that the above or attached financial statements are true and correct.** |
| INDIVIDUAL'S NAME AND TITLE | SIGNATURE (Sign in ink) | DATE |
| SUBSCRIBED AND SWORN TO before me this       day of       [year]. | (Affix Notary Seal) |
| SIGNATURE | TITLE |
| PAPERWORK REDUCTION ACT STATEMENTAccording to the Paperwork Reduction Act of 1995, a Federal agency may not conduct or sponsor, and a person is not required to respond to, an information collection requestunless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection request is 0596-0082. Response to this information collection request is required to obtain or retain benefits, specifically, a special use authorization. The authority for this information collection request is the 36 CFR 251.54(e)(5)(iv) and FSH 6509.18. The time required to complete this information collection request is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, collecting and maintaining the data needed, and completing and reviewing the information collection request. Send comments regarding this burden estimate or any other aspect of this information collection request, including suggestions for reducing the burden, to Forest Service Information Collections Officer, SM.FS.InfoCollect@usda.gov, with OMB control number 0596-0082 in the subject line.PRIVACY ACT STATEMENTPursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act statement serves to inform you of the following concerning the collection of the information on this form.**Purpose:**  The Privacy Act of 1974 requires that the Director of Recreation, Heritage, and Volunteer Resources staff and the Director of Lands, Minerals, and Geology Management staff provide the following statements to individuals from whom they request information.**Authority:**  Collection of this information solicited on this form is authorized by the 36 CFR 251.54(e)(5)(iv) and FSH 6509.18.**Routine Uses:**  The information collected will be used by Forest Service officials to ensure that your use of National Forest System lands is administered in accordance with applicable statutes, regulations, and directives. The information collected from you is retained in the Special Uses Data System (SUDS) and is retrieved by the Forest Service create reports for the Agency’s Special Uses Program, generate bills for collection of land use fees for your authorization, monitor compliance with your special use authorization, and other matters pertaining to administration of your special use authorization. SUDS is a component of the Forest Service’s Natural Resources Manager database (NRM). A complete list of the routine uses of NRM can be found in the system of records notice associated with this form, FS-24.**Disclosure:**  The submission of this information is required to obtain or retain benefits, specifically, a special use authorization.NONDISCRIMINATION STATEMENTIn accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).  Remedies and complaint filing deadlines vary by program or incident.Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA’s TARGET Center at (202) 720-2600 (voice and TYY) or contact USDA through the Federal Relay Service at (800) 877-8339.  Additionally, program information may be made available in languages other than English.To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all the information requested in the form.  To request a copy of the complaint form, call (866) 632-9992.  Submit the completed form or letter to USDA by (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.  USDA is an equal opportunity provider, employer, and lender. |
| U.S. GPO: 1996-720-508  |